

Information Sheet for the Baccalaureate Nursing Program

Name _____
last first middle maiden

Permanent Mailing address _____
Street City County State Zip Code

Current Mailing Address _____
Street City County State Zip Code

Phone number (_____) _____ Alternate number (cell) (_____) _____ E-mail address _____

MTSU Student M Number M _____ Optional: Race _____ Sex _____

Date of birth _____ Place of birth (city, state) _____

Optional: Marital status _____ No. of Children _____ Children's Age(s) _____

Are you a MTSU ARMY ROTC student? Yes ___ No ___

Have you ever been enrolled in another school of nursing? Yes ___ No ___ If yes, complete the following:

School	Reason for Leaving	List any specific nursing course(s) you received a "C-" or below

Are you an R.N.? Yes ___ No ___ Are you an L.P.N.? Yes ___ No ___ License # _____
 Is license current? Yes ___ No ___

Name of RN/LPN School of Nursing	Address of School of Nursing	Type of Program (LPN/Associate/Diploma)	Dates of Attendance

Have you submitted application to the University (MTSU) for general admission? Yes ___ No ___ Date submitted _____

Have official transcripts been submitted to the Admissions Office? Yes ___ No ___ Date submitted _____

Have transcripts been submitted to the School of Nursing? Yes ___ No ___ Date submitted _____

Have you ever been convicted of, or pleaded guilty to, a violation of the law other than a minor traffic violation? Yes ___ No ___

If "Yes," please explain, give the date, and disposition of the case _____

An affirmative response will not necessarily be a bar to admission but may prohibit one from sitting for the RN Licensure exam. Factors such as age at the time of conviction, elapsed time, seriousness and nature of the crime, and rehabilitation will be taken into account. Students with a "Yes" answer to the question are advised to consult with the licensing board regarding their licensure eligibility.

Have you ever been involved in disciplinary action because of use, possession, or sale of a controlled substance (i.e., alcohol, drugs). Yes ___ No ___

Nursing license revoked? Yes ___ No ___ Driver's license revoked? Yes ___ No ___ Dismissed from job? Yes ___ No ___

If "Yes," please explain or see the school director* _____

Have you ever received care from a health professional for any major health problem? Yes ___ No ___

Do you have any physical or mental health condition which would cause you or any other person to be placed in danger if you are admitted to the program?

Yes ___ No ___ If "Yes," please explain to the school director.

Because the MTSU School Nursing seeks to provide in as much as possible a reasonably safe environment for its health career students and their patients, a student may be required, during the course of the program, to demonstrate his/her physical and/or emotional fitness to meet the essential requirements of the program. Such essential requirements may include freedom from communicable diseases, the ability to perform certain physical tasks, and suitable emotional fitness. Any appraisal measures used to determine such physical and/or emotional fitness will be in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, so as not to discriminate against any individual on the basis of disability.

Please be aware that conviction of the following crimes would make you ineligible for Registered Nurse-licensure in the State of Tennessee: Aggravated Assault, as in T.C. A. 39—13-102; First Degree Murder, as in T.C. A. 39-13-202; Second Degree Murder, as in T.C. A. 39-13-207; Voluntary Manslaughter, as in T.C.A. 39-13-211; False Imprisonment, as in T.C. A. 39-13-301; Kidnapping, as in T.C. A. 39-13-303; Aggravated Kidnapping, as in T.C. A. 39-13-304; Especially Aggravated Kidnapping, as in T.C. A. 39-13-305; Robbery, as in T.C. A. 39-13-401; Aggravated Robbery, as in T.C. A. 39-13-402; Especially Aggravated Robbery, as in T.C.A. 39-13-403; Aggravated Rape, as in T. C. A. 39-13-502; Rape, as in T.C. A. 39-13-503; Aggravated Sexual Battery, as in T.C. A. 39-13-504; Sexual Battery, as in T.C.A. 39-13-505; Statutory Rape, as in T.C. A. 39-15-506; Theft of Property, as in T.C. A. 39-14-103; Theft of Services, as in T.C. A. 39-14-104; Forgery, as in T.C.A. 39-14-114; Falsifying of Educational and Academic Records, as in T.C. A. 39-14-136; Arson, as in T.C. A. 39-14-301; Aggravated Arson, as in T.C. A. 39-14-302; Burglary, as in T.C. A. 39-14-402; Aggravated Burglary, as in T.C. A. 39-14-403; Especially Aggravated Burglary, as in T.C. A. 39-14-404; Incest, as in T.C. A. 39-15-302; Aggravated Child Abuse, as in T.C. A. 39-15-402; Sexual Exploitation of a Minor, as in T.C. A. 39-17-1003; Aggravated Sexual Exploitation of a Minor, as in T.C. A. 39-17-1004; Especially Aggravated Sexual Exploitation of a Minor, as in T.C.A. 39-17-1005; Assisted Suicide, as in T.C. A. 39-13-216; Rape of a Child, as in T.C. A. 39-13-522.

Please initial that you have read and understood this: _____

Core Performance Standards Required for Nursing

Issue	Standard	Some Examples of Necessary Activities (not all inclusive)
Critical Thinking	Critical thinking ability sufficient for clinical judgment	Identify cause-effect relationships in clinical situations, develop nursing care plans
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.	Establish rapport with patients/clients and colleagues
Communication	Communication abilities sufficient for interaction with others in verbal and written form.	Explain treatment procedures, initiate health teaching, Document and interpret nursing actions and patient/client responses.
Mobility	Physical abilities sufficient to move from room to room And maneuver in small spaces.	Moves around in patients rooms, work spaces, and treatment areas. Administer cardiopulmonary procedures.
Motor Skills	Gross and fine motor abilities sufficient to provide Safe and effective nursing care.	Calibrate and use equipment; position patients/clients.
Hearing	Auditory ability sufficient to monitor and assess Health needs.	Hears monitor alarms, emergency signals, auscultatory Sounds for help.
Visual	Visual ability sufficient for observation and Assessment necessary in nursing care.	Observes patient/client responses.
Tactile	Tactile ability sufficient for physical assessment.	Perform palpation, functions of physical examination And/or those related to therapeutic intervention, e.g., Intertions of a catheter.

Please initial that you have read and understood this: _____

Before applying for Nursing Upper Division by deadline on the “Blue” Application Form, it is recommended to make an appointment with the MTSU Nursing Advisor in your concentration.

Universities/Colleges attended (if any including MTSU):

Dates

_____	_____
_____	_____
_____	_____

Signature _____

(This Information Sheet must be signed)

Date this form signed: _____

*Some of these circumstances could prevent you from obtaining a Registered Nurse license in Tennessee.

Mail to Director, School of Nursing, Box 81, 1301 East Main Street, Middle Tennessee State University, Murfreesboro, TN 37132

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